



**NASSAU COUNTY DEPARTMENT OF
HEALTH**

**Division of Public Health Laboratories
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CLINICAL MICROBIOLOGY REQUISITION FORM (NCPHL408-3A)

Patient (last, first) _____

Address (Street, City, State, Zip) _____

ID number _____ DOB (mm/dd/yyyy) _____ Sex (M/F) _____ Race _____
(DOB, Sex, and Race Required for GC/CT, Syphilis, and HIV Testing)

Physician/Submitter (last, first) _____

Facility _____ Phone Number _____

Address (Street, City, State, Zip) _____

Specimen Type (if other, please specify) _____

Body Source, if applicable (Be specific) _____

Date of Collection (mm/dd/yyyy) _____ 20____ Time of Collection (hh:mm) _____ AM/PM

TEST REQUEST

**IMMUNOLOGY (Note specimen
requirements below)**

- ☐ Hepatitis A Total Antibody
- ☐ Hepatitis A IgM
- ☐ Hepatitis B Surface Antigen
- ☐ Hepatitis B Surface Antibody
- ☐ Hepatitis B Core Total Antibody
- ☐ Hepatitis B Core IgM
- ☐ Hepatitis C Ab

*All hepatitis
tests can be
performed
on one 10cc
speckled-top
tube*

- ☐ Rubella IgG
- ☐ Rubella IgM
- ☐ Mumps IgG
- ☐ Measles IgG
- ☐ Measles IgM
- ☐ Varicella IgG

*All viral
serology tests
can be
performed on
one 10cc
speckled-top
tube*

- ☐ Syphilis (RPR/FTA) (One 7 or 10cc tube)
- ☐ Chlamydia/GC NAAT (Urine or Swab)
- ☐ CSF Syphilis (VDRL) (>3ml CSF)
- ☐ HIV-1 (EIA/WB) (One 7 or 10cc tube or OraSure)
- ☐ HIV-1 WB only (One 7cc or 10cc tube or OraSure)
- ☐ HIV -1/HIV-2 EIA Screen (one 7 cc tube)

For HIV testing, sign below to certify that
informed consent was obtained.

Informed Consent for HIV testing has been obtained

BACTERIOLOGY

- ☐ Culture and Identification
(enter specimen type and source above)
- ☐ Susceptibility Testing (indicate drugs below)
- ☐ Isolate Identification
- ☐ Rule Out _____
Specify Genus/Species

**MYCOBACTERIOLOGY
(Check one per form)**

- ☐ Culture and Identification (includes smear)
- ☐ Smear Only
- ☐ Quantiferon (call for special blood collection tubes)
For Quantiferon, complete the following questions
Reason for Quantiferon Test _____
On Anti-tuberculosis Therapy? Yes ☐ No ☐
PPD Status _____ If Pos, Year _____

PARASITOLOGY

- ☐ Parasite Exam

Comments:

For HIV, Rapid Test Device ☐ Pos ☐ Neg ☐ Not Used